

**Annual South Carolina School Health Nursing Survey and Program Summary, 2005 – 2006**  
**(Please complete ONE summary per school district)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ School District: \_\_\_\_\_ County: \_\_\_\_\_

Total Students Enrolled: \_\_\_\_\_ Total Number of Schools: \_\_\_\_\_

**I. School Health Personnel**

- A. Please indicate the number of Registered Nurses employed in your school district by the highest level of education that they attained.

\_\_\_\_\_ Total Number of all RNs

- B. Total number of RNs with:

\_\_\_\_\_ Master's Degree    \_\_\_\_\_ Nurse Practitioner    \_\_\_\_\_ BS    \_\_\_\_\_ Diploma    \_\_\_\_\_ ADN

Also – please indicate the number of the following personnel that you have working in School Health in your school district.

\_\_\_\_\_ LPN    \_\_\_\_\_ Health Aide/Clerk

- C. School Health Program Supervisor/Coordinator (Name/Title):

Administrative: \_\_\_\_\_

Nursing: \_\_\_\_\_

**II. School Health Policies**

- A. Does the school district have approved policies for

|                                 |                             |                             |
|---------------------------------|-----------------------------|-----------------------------|
| _____ Medication administration | _____ Injury reporting      | _____ Emergency Response    |
| _____ HIV/Chronic Infectious    | _____ 2 persons/each school | _____ 2 persons/each school |
| _____ Disease Management        | _____ trained in CPR        | _____ trained in First Aid  |

- B. Does the district have a School Health Advisory Council?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

- C. Are School Health records computerized?    \_\_\_\_\_ Yes, Totally    \_\_\_\_\_ Yes, Partially    \_\_\_\_\_ No, Not at all

**III. Chronic Illness/Disabilities**

- A. Number of deaths from chronic illness? \_\_\_\_\_

For any deaths that occurred, please list the specific illness(es):

\_\_\_\_\_  
\_\_\_\_\_

B. Health Conditions (Note: If you only have totals, enter this information in the total Column)

| Type of Condition                 | Number of Students with Known Condition |               |             |       | Number of Days Lost<br>This School<br>Year/Condition |
|-----------------------------------|---|---------------|-------------|-------|--|
|                                   | Elementary School                       | Middle School | High School | Total | Total  |
| ADD/ADHD                          |   |               |             |       |  |
| Allergies (Severe)                |   |               |             |       |  |
| Anorexia/Bulimia                  |   |               |             |       |  |
| Asthma                            |   |               |             |       |  |
| Cerebral Palsy                    |   |               |             |       |  |
| Cytomegalovirus                   |   |               |             |       |  |
| Cystic Fibrosis                   |   |               |             |       |  |
| Diabetes                          |   |               |             |       |  |
| Down's Syndrome                   |   |               |             |       |  |
| Epilepsy                          |   |               |             |       |  |
| Genetic Diseases, Other           |   |               |             |       |  |
| Functional Heart Murmur           |   |               |             |       |  |
| Congenital/Other Cardiac          |   |               |             |       |  |
| Hemophilia/Bleeding Disorder      |   |               |             |       |  |
| Hepatitis B                       |   |               |             |       |  |
| HIV/AIDS                          |   |               |             |       |  |
| Malignant Disease                 |   |               |             |       |  |
| Migraine Headaches                |   |               |             |       |  |
| Neuromuscular Disease             |   |               |             |       |  |
| Muscular Dystrophy                |   |               |             |       |  |
| Multiple Sclerosis                |   |               |             |       |  |
| Orthopedic Disability (Permanent) |   |               |             |       |  |
| Psychiatric Disorder              |   |               |             |       |  |
| Renal Disease                     |   |               |             |       |  |
| Rheumatoid Arthritis              |   |               |             |       |  |
| Sickle Cell Anemia                |   |               |             |       |  |
| Substance Abuse (Known)           |   |               |             |       |  |
| Ulcers                            |   |               |             |       |  |
| Other                             |   |               |             |       |  |
| Total                             |   |               |             |       |  |

C. Medications

|   | Elementary School | Middle School | High School |
|---|-------------------|---------------|-------------|
| Number of Students on long-term medicine (3 weeks or more)    |                   |               |             |
| Number of Students on short-term medicine (less than 3 weeks) |                   |               |             |
| Number of students on PRN medicines                           |                   |               |             |
| Title of person <u>responsible</u> for medication procedures  |                   |               |             |
| Title of person who usually administers medicine              |                   |               |             |

D. Home Visits:

|                                   | Elementary School | Middle School | High School |
|-----------------------------------|-------------------|---------------|-------------|
| Number of home visits made by SHN |                   |               |             |

E. Number of handicapped or chronically ill children needing specialized care:

|                           | Elementary School | Middle School | High School |
|---------------------------|-------------------|---------------|-------------|
| Catherizations            |                   |               |             |
| Stoma Care                |                   |               |             |
| Range of Motion Exercises |                   |               |             |
| Tube Feedings             |                   |               |             |
| Respirator Care           |                   |               |             |
| Suctioning                |                   |               |             |
| Tracheostomy Care         |                   |               |             |
| Other (Specify _____)     |                   |               |             |

IV. Injuries

A. How many at-school injuries resulted in:

\_\_\_\_\_ In permanent disability      \_\_\_\_\_ In death?      \_\_\_\_\_ From incidents requiring law enforcement intervention?

Please specify disabilities: \_\_\_\_\_

B. Estimated at-school minor injuries requiring first aid: \_\_\_\_\_

C. Please check the best answer to the following question: "How often was a nurse available (present on school premises) to assist a student when an injury occurred?"

\_\_\_\_\_ Available all the time      \_\_\_\_\_ Available most of the time      \_\_\_\_\_ Seldom Available      \_\_\_\_\_ Never Available

D. Who is responsible for first responder care and triage for serious injuries (please check all that apply to your district)

\_\_\_\_\_ School Nurse      \_\_\_\_\_ Principal      \_\_\_\_\_ Health Aide      \_\_\_\_\_ Secretary      \_\_\_\_\_ Other

E. If a person other than the school nurse provides care for students who are sick or injured at school, does that person work under the supervision of a nurse?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

F. Injury Types/Locations

In the table below, report only those injuries requiring EMS response or immediate care by a physician or dentist and loss of ½ or more days of school.

| Type of Injury (Give # in each category) | Bus | Hallway | Classroom | Play/School Grounds | PE Class | Shop | Restroom | Lunchroom | Other |
|--|-----|---------|-----------|---------------------|----------|------|----------|-----------|-------|
| Respiratory Emergencies                  |     |         |           |                     |          |      |          |           |       |
| Head Injury                              |     |         |           |                     |          |      |          |           |       |
| Back Injury                              |     |         |           |                     |          |      |          |           |       |
| Eye Injury                               |     |         |           |                     |          |      |          |           |       |
| Fracture                                 |     |         |           |                     |          |      |          |           |       |
| Sprain or Strain                         |     |         |           |                     |          |      |          |           |       |
| Laceration                               |     |         |           |                     |          |      |          |           |       |
| Dental Injury                            |     |         |           |                     |          |      |          |           |       |
| Anaphylaxis                              |     |         |           |                     |          |      |          |           |       |
| Psychiatric Emergencies                  |     |         |           |                     |          |      |          |           |       |
| Heat Related Emergencies                 |     |         |           |                     |          |      |          |           |       |
| Other _____                              |     |         |           |                     |          |      |          |           |       |

V. Other Health Concerns

A. Known Pregnancies:

|   | Elementary School | Middle School | High School |
|---|-------------------|---------------|-------------|
| Total number of known pregnancies             |                   |               |             |
| Of these known pregnancies how many:          |                   |               |             |
| Number that received homebound services       |                   |               |             |
| Number that dropped out of school permanently |                   |               |             |

B. Abuse (reported cases):

|                              | Elementary School | Middle School | High School |
|------------------------------|-------------------|---------------|-------------|
| Number of child abuse cases  |                   |               |             |
| Number of sexual abuse cases |                   |               |             |

C. Known suicide/homicide in school age students:

|   | Elementary School | Middle School | High School |
|---|-------------------|---------------|-------------|
| Number attempting suicide               |                   |               |             |
| Number of deaths from suicide           |                   |               |             |
| Number of suicides occurring at school  |                   |               |             |
| Number of deaths from homicide          |                   |               |             |
| Number of homicides occurring at school |                   |               |             |

D. Number counseled/assisted by the School Nurse in the following areas:

|                          | Elementary School | Middle School | High School |
|--------------------------|-------------------|---------------|-------------|
| Reproductive information |                   |               |             |
| Pregnancy                |                   |               |             |
| Substance abuse          |                   |               |             |
| Suicide                  |                   |               |             |
| Child Abuse              |                   |               |             |
| Homicide                 |                   |               |             |

VI. Screening

A. Grades screened: \_\_\_\_\_ State recommended \_\_\_\_\_ Less than state recommended \_\_\_\_\_ More than state recommended

B. Please indicate below the number of students who were screened for the following, as well as the number referred and the number of completed referrals:

| Screening      | Number Screened | Number Referred | # Referrals Completed |
|----------------|-----------------|-----------------|-----------------------|
| Hearing        |                 |                 |                       |
| Vision         |                 |                 |                       |
| Dental         |                 |                 |                       |
| Developmental  |                 |                 |                       |
| Growth         |                 |                 |                       |
| Spinal         |                 |                 |                       |
| Blood Pressure |                 |                 |                       |
| Other _____    |                 |                 |                       |

VII. Health Education

Comprehensive health education is taught by the following: (Check all that apply)

\_\_\_\_\_ Health education teacher      \_\_\_\_\_ Physical education teacher      \_\_\_\_\_ Classroom teacher  
\_\_\_\_\_ School health nurse      \_\_\_\_\_ Outside speaker      \_\_\_\_\_ Other (specify: \_\_\_\_\_)

VIII. Health Services Units (HSUs)

\_\_\_\_\_ Number of schools with HSUs  
\_\_\_\_\_ Number of schools without HSUs

Of the schools in your district that have HSUs, how many of the HSUs have the following:

\_\_\_\_\_ Heat      \_\_\_\_\_ Telephone      \_\_\_\_\_ Toilet facilities      \_\_\_\_\_ Locked medication cabinet  
\_\_\_\_\_ Water      \_\_\_\_\_ Privacy      \_\_\_\_\_ Secure health record file      \_\_\_\_\_ Air conditioning

IX. Salary

A. Current Annual (9-10 Month) Salary

Note: Salary information is used to compile state average and range. It is useful for nurses negotiating salary and documenting trends toward more appropriate salary levels for SHNs. This information is not otherwise divulged.

\_\_\_\_\_ Average salary of all RNs  
\_\_\_\_\_ Average salary of supervisor/coordinator  
\_\_\_\_\_ Average salary of SNP/PNP/FNP

B. Are RNs on teacher salary scale?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

X. Equipment

Please list the number of equipment pieces in your district for each of the following items:

| Equipment                 | Number | Number Calibrated |
|---------------------------|--------|-------------------|
| Audiometers               |        |                   |
| Sphygmomanometers         |        |                   |
| Balance Beam Scales       |        |                   |
| Vision Screening Machines |        |                   |

Please return survey by June 30, 2006 to:

Cathy Young-Jones, RN, MSN  
School Health Nurse Consultant  
SCDHEC – WCS  
1751 Calhoun Street  
Columbia, S.C. 29201

Thank you for your voluntary participation in this survey.